

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/541698

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2						
3						
4						
5						
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41						
42						
43						
44						
45						
46						
47						
48						
49			1			
50		1				
TOTAL IND.			↓		↓	↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53				1		
54						
55						
56						
57						
58						
59						
60					1	
61						
62						
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65						
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68						
69					1	
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75					1	
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84						
85						
86						
87						
88						
89						
90					1	
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.			↓		1	↓
TOTAL DEP.	←		←		←	←
TOTAL CLAIMS					45	